

Cover Sheet

Town of Ashburnham
32 Main Street
Ashburnham, MA 01430
978-827-4100 Ext. 117
978-827-4105 Fax Number

website: Ashburnham-Ma.Gov

Name of Owner: _____

Property Address: _____ Phone # _____
Ashburnham, MA 01430

MAP _____ Parcel _____

Sign off Sheet:

Tax Collector's Office _____
(No taxes owed)

_____ Date

Conservation Agent _____

_____ Date

Board of Health Agent _____

_____ Date

This building permit is used for accessory buildings and structures (roofs, fences, pools, gazebo, shed, decks, farmer's porch, garages, addition, windows, doors)

1. Will need copy of **construction supervisor license**
2. **HIC** Registration (If 1 to 4 family/ owner occupied)
3. **Contract** if not doing work yourself
4. **Copy of Certificate of Liability Insurance/Workers Compensation**
5. **Copy of Plot Plan**
6. Copy of Deed
7. Complete set of plans if applicable

Thank you,

Richard Reynolds, Building Commissioner
Zoning Enforcement Officer

Date _____
Permit Fee _____



Fax: (978) 827-4105

Tel: (978) 827-4100

Ext. 117

IMPORTANT – Complete all items. Mark boxes where applicable. PLEASE TYPE OR PRINT IN INK.

Name of Owner: _____ LOCATION OF IMPROVEMENT _____	Zone	Lot	Map	Permit #	Fee
	Use Group		Type Const.	Permit Type	

TYPE AND COST OF BUILDING – All applicants complete Parts A-D

A. TYPE OF IMPROVEMENT		D. PROPOSED USE	NONRESIDENTIAL
1. _____	New Building	RESIDENTIAL	18. _____ Amusement, recreational
2. _____	Addition (if residential, enter number of new housing units added, if any in Part D, 13.) Age _____	12. _____ One family	19. _____ Church, other religious
3. _____	Alteration (See 2 above)	13. _____ Two or more family	20. _____ Industrial
4. _____	Repair, replacement	Enter Number of units _____	21. _____ Parking garage
5. _____	Moving (relocation)	14. _____ Transient hotel, motel, or dormitory. Enter number	22. _____ Service station, repair garage
6. _____	Foundation only	15. _____ Garage	23. _____ Hospital, institutional
7. _____	Demolition	16. _____ Carport	24. _____ Office, Bank, professional
		17. _____ Work – Specify _____	25. _____ Public utility
		_____	26. _____ School, library, other educational
		_____	27. _____ Stores, mercantile
		_____	28. _____ Tanks, towers
		_____	29. _____ Other – Specify _____
B. OWNERSHIP			
1. _____	Private (individual, corporation, non-profit institution, etc.)		
2. _____	Public (Federal, State, or Local Gov.)		

C. COST		(OMIT CENTS)	NONRESIDENTIAL – Describe in detail proposed use of buildings. If use of existing building is being changed, enter proposed use.
10.	Value of Improvement	\$	
	To be installed but not included In the above cost.		
	a. Electrical	\$	
	b. Plumbing	\$	
	c. Heating, air conditioning	\$	
	d. Other (elevator, etc.)	\$	
11.	TOTAL VALUE OF IMPROVEMENT	\$	

SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E–L. ALL OTHERS SKIP TO PART IV

E. PRINCIPAL TYPE OF FRAME 30. _____ Masonry (wall bearing) 31. _____ Wood frame 32. _____ Structural steel 33. _____ Reinforced concrete 34. _____ Other – Specify _____ _____ _____	G. TYPE OF SEWAGE DISPOSAL 39. _____ Public or private company 40. _____ Individual (septic tank, etc.) H. TYPE OF WATER SUPPLY 41. _____ Public or private company 42. _____ Individual (well, cistern)	J. DIMENSIONS 45. Number of stories _____ 46. Total square foot of floor area, all floors, based on interior dimensions _____ 47. Total land area, sq. ft. _____
F. PRINCIPAL TYPE OF HEATING 35. _____ Gas 36. _____ Oil 37. _____ Electricity 38. _____ Other – Specify _____ _____ _____	I. EXTERIOR FINISH 43. _____ Covering of outer walls - Specify _____ 44. _____ Roof covering materials – Specify _____ _____	K. NUMBER OF OFF STREET PARKING SPACES 48. Enclosed _____ 49. Outdoors _____ L. RESIDENTIAL BUILDING ONLY 50. Number of bedrooms _____ 51. Number of bathrooms – Full _____ Partial _____ 52. Total number of rooms _____

PROPOSED WORK: Please check	Repair(s)	Alteration(s)	Addition(s)
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Will there be a change of USE GROUP associated with the proposed work? ☐ Yes ☐ No If yes, USE GROUP changed from _____

Owner of record:	Individual or Corporation		
Address:	_____		
	Number	Street	

Authorized Agent:	City or Town	State	Zip

	Print Name		
Address:	_____		
	Number	Street	

SIGNATURE:	City or Town	State	Zip

	TELEPHONE # _____		

Registered Architect:	_____		
Address:	Print Name		

	Number	Street	
SIGNATURE:	_____		
	City or Town		
	State	Zip	
REGISTRATION #:	_____		TELEPHONE # _____
_____		EXPIRATION DATE: _____	

Registered Professional Engineer:	_____		
Address:	Print Name		

	Number	Street	
SIGNATURE:	_____		
	City or Town		
	State	Zip	
REGISTRATION #:	_____		TELEPHONE # _____
_____		EXPIRATION DATE: _____	
Peer Review Engineer:	_____		
Address:	Print Name		

	Number	Street	
SIGNATURE:	_____		
	City or Town		
	State	Zip	
REGISTRATION #:	_____		TELEPHONE # _____
_____		EXPIRATION DATE: _____	

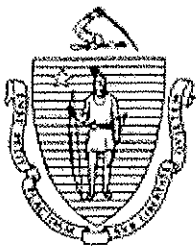
Contractor:	_____		
Construction Supervisor License Number:	Print Name		

	Expiration Date: _____		
Home Improvement Registration Number:	_____		
	Expiration Date: _____		

Address:	_____		
	Number	Street	

SIGNATURE:	City or Town	State	Zip

	TELEPHONE # _____		



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



**TOWN OF ASHBURNHAM
OFFICE OF THE BUILDING COMMISSIONER
32 MAIN STREET
ASHBURNHAM, MA 01430**

Richard C. Reynolds
Building Commissioner/Zoning Officer

In accordance with the provisions of MGL c. 40, S. 54,
a condition of Building Permit Number _____ is
that the debris resulting from this work shall be disposed
of in a properly licensed solid waste disposal facility as
defined by MGL c. 111, S 150A.

The debris will be disposed of in:

(Location of facility)

Signature of permit applicant

Date